



# Application for Permission to Alter a Manufactured Home or Modular Unit

Application required pursuant to Chapter 700.025

**DEALER INFORMATION**

Dealer Name:

Dealer Contact Name:

Dealer Address:

Dealer Phone:

Dealer Fax:

**MANUFACTURER INFORMATION**

Manufacturer Name:

Manufacturer Contact Name:

Manufacturer Address:

Manufacturer Phone:

Manufacturer Fax:

**HOME INFORMATION**

Model Name:

HUD Label Number:

Serial Number:

or

Date of Manufacture:

Modular Seal Number:

**ALTERATION SPECIFICATIONS – Describe the alteration you are seeking permission to make. (Attach additional sheet(s) if necessary.)****REQUIREMENTS – This application will not be approved unless all of the following items are submitted:**

1. Manufacturer's written instructions and/or approved method must be submitted.
2. An affidavit signed before a notary public indicating that the applicant will ensure that all alterations will comply with the required code must accompany this application. This affidavit must identify the specific make, model and serial number of the home to be altered.
3. If the applicant is a corporation, a written statement from a corporate officer indicating that the person filling out this application has actual authority to do so must accompany this application.

**NOTES - (Please read.)**

1. No certified new manufactured home or modular unit which entered the first stage of production after November 22, 1976 on which an alteration has been made shall be offered for rent, lease or sale in this state unless such alteration has been approved in writing by the Director of the Manufactured Housing Department.
2. No dealer, manufacturer or their representative shall alter or cause to be altered any new manufactured home or modular unit or used modular unit used for educational purposes to which a seal has been affixed, if such alteration or conversion causes the manufactured home or modular unit to be in violation of the code pursuant to Chapter 700.025.

**SIGNATURE - (Required)**

Signed

Date